Testimony provided for Appropriations Committee Public Hearing regarding Deficit Mitigation Plan December 9, 2009

My name is Karen Steinberg Gallucci. I am testifying today against the Governor's Deficit Mitigation Plan. I am a clinical psychologist at the University of Connecticut Health Center where I have worked since 1994. I have conducted research on child attachment and early social-emotional development, child maltreatment, post-traumatic stress disorder, and the impact of treatment interventions with various populations. I currently direct two programs funded by the Children's Trust Fund, currently part of the Department of Social Services, which is at grave risk of being eliminated under the governor's proposed deficit mitigation plan. One program is Nurturing Families which you have been hearing about from other speakers. This is an essential program for preventing child abuse and neglect among at-risk, high risk, and struggling first time families throughout our state.

It should be self-evident that preventing child maltreatment has profound benefits for individuals and society, resulting in cost offsets that can only begin to be measured. According to the National Child Abuse and Neglect Data System, close to a million children were found to be victims of child abuse or neglect in 2007. According to an Economic Impact Study reported by Wang & Holton (2007), "the estimated annual cost of child abuse and neglect is $103.8 billion in 2007 value. This figure represents a conservative estimate". It does not include costs associated with interventions for perpetrators and other family members, nor does it incorporate the pain, suffering, and impaired quality of life that victims of child maltreatment sustain.

The social science literature has a lot to say about the impact of child maltreatment. Child abuse and neglect often carry deleterious and devastating consequences for their victims, and for society. Trauma associated with child abuse and neglect, may result in loss of trust in primary attachment figures, and a loss or impairment in the development of an integrated and positive sense of self (Cole & Putnam, 1992). Maltreatment during formative periods may severely impede one's ability to feel effective in positively influencing the external world, and may also impair the ability to regulate or modulate intense emotions (van der Kolk, Pelcovitz, Roth, & Mandel, 1996). Early experience of child maltreatment (unspecified type) puts one at risk for developing problems throughout childhood and into the adult years. Children who have been maltreated are more likely to experience problems in adolescence including juvenile violence (Rapp & Wodarski, 1997); depression (Gaziuddin, Tsai, Naylor, Ghaziuddin, & Neera, 1992) and self-injurious behavior among girls (Ghaziuddin et al., 1992) eating disorders (Hernandez, 1995); and psychiatric hospitalization (Ammerman, Hersen, Van Hasselt, Lubetsky, Martin, et al., 1994). Adults with histories of maltreatment are more likely than their non-maltreated counterparts to evidence problems with alcohol (Dunn, Ryan, & Dunn, 1995) and alcohol dependence (Kunitz, Levy, McCloskey, & Ruben, 1998); drug abuse (Dunn et al., 1994; Lloyd, 1998); other psychological problems such as depression (Windle, Windle, Scheidt, & Miller, 1995), posttraumatic stress disorder (PTSD) (Davidson, Hughes, Blazer, & George, 1991), sociopathy (Luntz & Widom, 1994), personality disorders (Luntz & Widom, 1994; Johnson, Cohen, Brown, Smalles, & Bernstein, 1999; Windle et al., 1995). Low-income women with childhood histories of maltreatment are likely to be revictimized (Feerick, 1999). Child abuse often serves as a precursor to systemic problems of domestic violence (Kunitz et al, 1998) and health-related issues such as chronic pain (Goldberg, Pachas, & Keith, 1999). Even subthreshold abuse, such as harsh parental behaviors like corporal punishment, may produce measurable adverse consequences for children as they develop, including depression, suicidality, alcohol abuse, physical abuse of children, and wife beating (Straus & Kantor, 1994). Post-traumatic stress disorder (PTSD), often associated with a history of child maltreatment, is linked with poorer psychosocial functioning, including job instability, psychiatric comorbidity, attempted suicide, social phobia, obsessive-compulsive disorder, generalized anxiety, major depression, social phobia, somatization disorder, and perceived inadequate social support (Davidson et al., 1991).

Our site at UConn has been in operation for close to 3 years. We have screened over 500 families, provided intensive home visitation services for over 60 women and their children, have provided educational and support groups for 70 families, and have provided about 250 new mothers with ongoing support and assistance with accessing resources. These families are benefiting from these needed services as has been demonstrated by the University of Hartford Center for Social Research reports. The Children's Trust Fund supports this program and 41 others throughout the state, reaching 15,000 families every year. Research on abuse prevention show that savings range from a short-term investment of $1 for every $1 invested, rising to more than $6 over the longer term. The cost-offset associated with preventing a child from becoming involved with DCF investigations, placements, and later on, possibly the correctional systems, cannot be ignored.

The second program I direct is the Maternal Depression Project, also designed and supported by the Children's Trust Fund. This is a controlled clinical trial to evaluate the efficacy of an in-home cognitive-behavioral treatment for new mothers experiencing post-partum depression. We anticipate serving 50 women over the next two years, and many more beyond that if the trial proves the intervention to be successful. There is evidence from a group of investigators at Cincinnati Children's Hospital and Medical Center that suggests this treatment is very helpful with this population. Why focus on maternal depression? We know that many new mothers are at risk for depression, and that there are many short and long term consequences of maternal depression on children, including insecure attachment formation, emotional problems, cognitive delays, impaired early socialization, and behavioral issues. By treating the new mother in her home with a structured model of treatment, the effects on the child can be eliminated or reduced before they have a chance to develop. In-home treatment also serves to address the barriers to service delivery to this population which often includes lack of transportation to the therapist, lack of childcare, and lack of funds and/or insurance to cover the cost.

Here is the bottom line: We will all pay the price, now or later. Cutting these programs supported by the Children's Trust Fund is not cost saving in any but the most constricted perspective which ignores the wealth of evidence to the contrary. They will likely result in a negative cascade that will harm and devastate future generations for years to come.

In the words of the great political and spiritual leader, Nelson Mandela:

> Safety and security don't just happen, they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.
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> There can be no keener revelation of a society's soul than the way in which it treats its children.

Thank you for your consideration of this testimony and please vote **against** the Deficit Mitigation Plan on December 15, 2009.